UCSF Medical Center

STAT

2 PART SURGICAL PATHOLOGY CONSULT REQUISITION

MRN:

PT. NAME: GUTZEITH,ARTHUR

BIRTHDATE: 4/18/1956 GENDER: M

CLINIC:

VISIT #:

PATHOL

Pathologist: SK/SL

SP #:

Date of Receipt:

Operating Room #

Date of Operation/Service:

SP#

COMPLETE ALL ITEMS – PRINT LEGIBLY

3/1

Ordering Provider JONATHAN MUSICANT UCSF Provider # 96113 (Required) Phone/Pager: 916-781-1166;916-781-1959

Provider is a(n): ☐ Attending ☐ Resident/Fellow *(attending information required)* ☐ Allied Health Practitioner *(Including attending information if required)*

Attending Physician (Print Name) UCSF Provider # (Required) Phone/Pager:

2123

Copy to (Print Name): UCSF Provider # Phone/Pager:

Address: DPMG,SACRAMENTO,CA

Responsible Billing Party Name and Address *(if other than patient)*

Name: DPMG Address:

MEDICAL NECESSITY and ICD-9 CODES – REQUIRED

ICD-9 code(s) is/are necessary to indicate medical necessity and for billing purposes. If a carrier might not pay for a test, inform the patient and have them sign Advanced Beneficiary Notice (ABN) to be attached to requisition, indicating responsibility to pay in case of carrier denial of payment.

ICD-9 Code	CLINICAL HISTORY AND PRESENTATION

Consult Slides/Blocks: List materials provided

OSS X 5 OSB X 1 DPS-17-4028

Tissues Removed: **Note: FROZEN SECTION / FRESH / PERMANENT**
DOCUMENT TIME IN FORMALIN FOR ALL POTENTIAL ER/PR AND HER2 TESTS.

Total # Specimens

1. BLOCK GREEN NO SUB-LABEL
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

Special Instructions / Comments:

RESET / CLEAR FORM

ORDERING PROVIDER

678-002 (Rev. 07/10) PATHOLOGY DEPARTMENT COPY

Yellow area to be filled out by Pathology, white area to be filled out by Ordering Provider.

Department of Pathology, Box 0102, (415) 353-1613